## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/582531

## **CLAIMS AS FILED - PART I**

| CLAIMS AS FILED - PART I                                                 |                                                |                                           |                      |                                   |              |                  |  |                                         |                        |    |                     |                        |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------|-----------------------------------|--------------|------------------|--|-----------------------------------------|------------------------|----|---------------------|------------------------|
|                                                                          |                                                |                                           | (Colu                | ımn 1)                            | (C           | olumn 2)         |  | SMALL E                                 | NTITY                  | OR | LARGE E             | NTITY                  |
| U.S. NATIONAL STAGE FEES                                                 |                                                |                                           |                      |                                   |              |                  |  | RATE                                    | FEE                    |    | RATE                | FEE                    |
| BASIC FEE                                                                |                                                |                                           |                      |                                   |              |                  |  | BASIC FEE                               |                        | OR | BASIC FEE           | \$300                  |
| EXAMINATION FEE                                                          |                                                |                                           |                      |                                   |              |                  |  | EXAM. FEE                               |                        |    | EXAM. FEE           | \$200                  |
| SEARCH FEE                                                               |                                                |                                           |                      |                                   |              |                  |  | SEARCH FEE                              |                        |    | SEARCH FEE          | \$400                  |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                |                                           | minu                 | s 100 =                           | / 50 =       |                  |  | X \$ 125 =                              |                        |    | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                           | <b>20</b> minus 20 = |                                   |              |                  |  | X \$ 25 =                               |                        | OR | X \$ 50 =           | \$0                    |
| INDEPENDENT CLAIMS                                                       |                                                |                                           | <b>3</b> minus 3 =   |                                   |              |                  |  | X \$ 100 =                              |                        | OR | X \$ 200 =          | \$0                    |
| MUL                                                                      | TIPLE DEPENI                                   | DENT CLAIM PRE                            | SENT                 |                                   |              |                  |  | + \$ 180 =                              |                        | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                           |                      |                                   |              |                  |  | TOTAL                                   |                        | OR | TOTAL               | \$900                  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |                                                |                                           |                      |                                   |              |                  |  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                     |                        |
| AMENDMENT A                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY | PRESENT<br>EXTRA |  | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                         | Minus                | **                                |              | =                |  | X \$ 25 =                               |                        | OR | X \$ 50 =           |                        |
|                                                                          | Independent                                    | *                                         | Minus                | ***                               |              | =                |  | X \$ 100 =                              |                        | OR | X \$ 200 =          |                        |
|                                                                          | FIRST PRES                                     | SENTATION OF M                            | IULTIPLE DEPE        | NDENT C                           | LAIM         |                  |  | + \$ 180 =                              |                        | OR | + \$ 360 =          |                        |
|                                                                          |                                                |                                           |                      |                                   |              |                  |  | TOTAL ADDIT.<br>FEE                     |                        | OR | TOTAL ADDIT.        |                        |
|                                                                          |                                                | (Column 1)                                |                      | (Colum                            | nn 2)        | (Column 3)       |  |                                         |                        |    |                     |                        |
| AMENDMENT B                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHE<br>NUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA |  | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                         | Minus                | **                                |              | =                |  | X \$ 25 =                               |                        | OR | X \$ 50 =           |                        |
|                                                                          | Independent                                    | *                                         | Minus                | ***                               |              | =                |  | X \$ 100 =                              |                        | OR | X \$ 200 =          |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                      |                                   |              |                  |  | + \$ 180 =                              |                        | OR | + \$ 360 =          |                        |
|                                                                          |                                                |                                           |                      |                                   |              |                  |  | TOTAL ADDIT.<br>FEE                     |                        | OR | TOTAL ADDIT.<br>FEE |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.